MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041189
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3091

FILED NOV 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: University City
Length of stay in lb: 3 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7907 Gannon Ave.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7907 Gannon Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Nannie Middle: Hill Last: Tucker

4. DATE OF DEATH: Month, Day, Year: October 24, 1962

5. SEX: F
6. COLOR OR RACE: W
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-2-1871
9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Forest Dell, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas A. Hill
13b. MOTHER'S MAIDEN NAME: Anna Maria Ball
14. NAME OF HUSBAND OR WIFE: Dee Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Carol Tucker, 7907 Gannon Ave. (30)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterio sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized arterio sclerosis — many yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-17-60 to 10-24-62 and last saw her/him alive on 10-13-62
Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Norman Orgel M.D.
22b. ADDRESS: 100 N. Euclid
22c. DATE SIGNED: 10-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-26-62
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons, 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: 10-25-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dilvermintz
100 N. Euclid

FO 1-3230

(Thursday after 1: P.M.

Dr. Orgel

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Kleman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.